

Bridging the research-practice gap

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DOI:

[10.12968/bjhc.2016.22.4.208](https://doi.org/10.12968/bjhc.2016.22.4.208)

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Document Version

Peer reviewed version

Citation for published version (Harvard):

Hewison, A & Rowan, L 2016, 'Bridging the research-practice gap', *British Journal of Healthcare Management*, vol. 22, no. 4, pp. 208-210. <https://doi.org/10.12968/bjhc.2016.22.4.208>

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Published as detailed above

Checked May 2016

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The missing link? Using professional communication techniques to bridge the research-practice gap.

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Conflict of interest:

None

This paper presents findings from independent research funded by the National Institute for Health Research Collaborations for Leadership in Applied Health Research and Care (NIHR CLAHRC) West Midlands (formally Birmingham & Black Country). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

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Abstract

The missing link? Using professional communication techniques to bridge the research-practice gap.

Health service redesign researchers from the National Institute for Health Research Collaborations for Leadership in Applied Health Research and Care for Birmingham and the Black Country (NIHR CLAHRC BBC) investigated the process of large scale service redesign. In order to engage clinical staff and service users in the study, and to ensure findings were disseminated as widely as possible, the team included professional communicators who helped to connect researchers and key stakeholders. The NHS ‘Communications Fellows’ provided expertise in professional communication approaches and links to a wider network of communications professionals. The use of a range of communications industry techniques was vital in establishing effective communication channels to share interim and final research findings. The benefits of using a selection of key techniques is examined and recommendations are made that could help other researchers capitalise on professional communication approaches to help ensure the impact of their work is fully realised. Whilst the need for authoritative academic papers and reports is acknowledged, it is concluded that harnessing the huge potential of new communication technologies, and traditional journalistic instincts, may be the missing link in knowledge transfer.

Introduction and background

Ensuring research is translated into clinical practice in the NHS is essential (Cooksey, 2006).

Yet when academics are busy doing research and clinicians are busy caring for patients, who has time to keep the channels of communication open?

Health service redesign researchers from the National Institute for Health Research

Collaborations for Leadership in Applied Health Research and Care for Birmingham and the

Black Country (NIHR CLAHRC BBC) (Hewison et al, 2013) worked with professional

communicators to connect researchers and key NHS staff.

From an early stage the research team recognised the importance of developing and

maintaining contact with three collaborating NHS Acute Trusts at a number of levels.

Discussions with NHS partners confirmed that the target audience for the research of health professionals and senior managers did not have time to read detailed reports and wanted findings conveyed in an accessible, concise way.

So the challenge was how to '*link*' research, its requirements, processes, timescales and outputs to the immediacy of the day-to-day work and pressures of the NHS? How can the findings of high quality, relevant research reach, and benefit patients quickly?

By employing 'Communications Fellows' from the NHS, the team was able to access professional communication networks. The use of a range of communications industry techniques was also vital in establishing effective communication channels to share interim and final research findings. Effort was also directed towards developing rapport with colleagues and providing succinct information about the process, as well as the product of health services research.

Initially three Communications Fellows (one seconded from each Trust) were engaged to fulfil this link role. Over the course of the study, their circumstances changed and a single Fellow (again a professional NHS communicator) joined the research team on a permanent basis. This shift to an 'in-house' model was arguably more successful in maintaining momentum, being able to quickly identify opportunities by virtue of working alongside researchers on a day-to-day basis. However the role was no longer as embedded within the Trusts as had originally been envisaged and therefore its success hinged on the ability to engage and work alongside the Trusts' communications teams.

Opening the channels of communication

It was found there was an appetite for information and updates throughout the life of the project. Although not all the differences between the priorities of research and clinical practice could be overcome, progress was made. For example, in order to be comprehensive and thorough the project was conducted over five years. However clinical colleagues argued that by the time the study was complete the organisations would have 'moved on' and the results would be of little value. In response the research team produced interim reports and conducted presentations to keep staff at all levels informed about progress. This provided opportunities to use evidence, as it emerged to inform practice. In addition each of the Trusts had a variety of established approaches to engage with and inform their internal and external audiences. These included newsletters, intranets, electronic noticeboards, websites and social media feeds. Some had specific mechanisms for different audiences – staff, patients, and the wider public – others had membership newsletters aimed at staff, patients and the local community.

Each of the Trusts was involved with research to varying degrees. One saw it as a priority and part of its identity whereas for the others it was not regarded as core activity. However each was open to sharing information about the project, was keen to populate established communications channels and receptive to innovative ways of communicating with staff.

Trust communications teams need a steady flow of interesting, relevant 'news' to share with patients and the wider public. Content need not be headline-grabbing or complex, in this social media age a good story can be as short as 140 characters. Research activity should feature in this 'flow'. Of course, these activities should not replace direct or face to face communication with key clinical and management contacts, but they can reach a wider audience including many of the 'front-line' staff who will ultimately deliver the service improvements the research found was needed. Where the audience is external, Trusts will recognise the strong corporate message of collaborative working to improve the patient experience.

The CLAHRC BBC health service design model also highlighted how the 'novel' messages that appeal to Trust communications teams and which engage staff, can easily be overlooked by researchers. For example one Trust's membership newsletter featured a story about a Patient and Public Involvement advisor explaining that participation in health research need not be tied to specific medical conditions or drugs trials. This is not news to a health researcher or professional but it is a new angle for the public. Spotting such stories is much easier for someone with a trained 'nose' for news who is removed from the day-to-day pressures of data collection and analysis.

So, could professional communication techniques be the missing link that can help bridge the NHS research-practice gap? Whatever the shape of NHS healthcare provision in the

future the need to drive improvements based on evidence will remain and this rests on the effective transfer of knowledge (Ferlie et al, 2012; Oborn et al 2013). Furthermore there is a national policy target to increase the amount of clinical research activity in the NHS (NIHR 2014) and the NHS Constitution includes a commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population (DH 2015). This suggests that any means by which research can be promoted and disseminated will be beneficial. With this in mind eight techniques found to be effective in the management of the study are summarised below:

Eight Communications Techniques to Improve Engagement in Research

1. Start early: ensure communications is on the research agenda from the start.
Identify champions in partner organisations
2. Shared ownership: if research is on the Trust Board's agenda, this will be reflected in the communication team's activities; make sure these key contacts are updated on progress
3. Maintain momentum: take the time to update stakeholders including clinicians, managers, frontline staff and patients frequently
4. Talk the same language: give Trusts the information they need, concisely and in a timely way; messages must be understood, respected and trusted. If it is unclear how to do this, ask communications teams – they are the experts in sharing information within their organisations.
5. Use multiple channels and voices: communication is more effective when approaches overlap eg intranets, membership newsletters and staff magazines all

reach staff in different ways. Adapt communication according to the audience and avoid the use of jargon unless you are sure readers and listeners will understand it.

6. Professional communicators can identify stories of interest that can be missed by researchers.
7. Research is a story in itself: for Trusts it is not all about findings, there is a strong internal and external message in collaborative working. Trusts are working towards improving patient experience, through research and clinical outcomes and should publicise this
8. Keep in regular contact: researchers may be busy behind the scenes but momentum can be lost in the period between recruitment, data capture and dissemination of findings. Consider producing a regular newsletter or update email, but make sure it can breach the NHS's stringent firewalls.

Conclusion

The need to translate the findings of research into practice remains a challenge in health services. One way of making research messages more accessible is to involve communications professionals in 'telling the story'. Whilst the need for authoritative academic papers and reports will necessarily remain, capitalising on the huge potential of new communication technologies, and traditional journalistic instincts, may be the missing link in knowledge transfer.

Key Points

The need to translate the findings of research into practice remains a challenge in health services.

One way of making research messages more accessible is to involving communications professionals and techniques research – from an early stage – can help make messages more accessible and impactful.

The article summarises eight techniques found to be most effective.

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For more information on CLAHRC BBC Theme 1 see: <http://www.clahrc-wm.nihr.ac.uk/research/health-service-redesign-bbc-pilot/index.html>